

B1 (Official Form 1) (04/13)

United States Bankruptcy Court Western District of Virginia						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): McGann, Christy A				Name of Joint Debtor (Spouse) (Last, First, Middle): McGann, Jeremy M			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): fka Christy Mundy				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 5744				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 7310			
Street Address of Debtor (No. & Street, City, State & Zip Code): 5516 Dunlap Creek Rd Covington, VA				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 3012 Winterberry Ave Covington, VA			
ZIPCODE 24426-7800				ZIPCODE 24426			
County of Residence or of the Principal Place of Business: Alleghany				County of Residence or of the Principal Place of Business: Alleghany			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):							
ZIPCODE							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9 Recognition of a Foreign <input type="checkbox"/> Chapter 11 Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 13 Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer <input type="checkbox"/> Debts are primarily debts, defined in 11 U.S.C. business debts. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose."			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

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Page 2

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): McGann, Christy A & McGann, Jeremy M	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> X <u>/s/ Donald M. Burks</u> 1/30/14 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/> (Name of landlord that obtained judgment) </div> <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/> (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

McGann, Christy A & McGann, Jeremy M**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Christy A McGann

Signature of Debtor

Christy A McGann**X /s/ Jeremy M McGann**

Signature of Joint Debtor

Jeremy M McGann

Telephone Number (If not represented by attorney)

January 30, 2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney***X /s/ Donald M. Burks**

Signature of Attorney for Debtor(s)

Donald M. Burks 41311**Don Burks P.C.****30 Crossing Lane Suite 205****Lexington, VA 24450****(540) 463-1080 Fax: (540) 463-1082****bankruptcy@donburkslaw.com****January 30, 2014**

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

B22A (Official Form 22A) (Chapter 7) (04/13)In re: **McGann, Christy A & McGann, Jeremy M**

Debtor(s)

Case Number: _____

(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises
- ☒ The presumption does not arise
- ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 80px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="margin-left: 40px;">OR</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

B22A (Official Form 22A) (Chapter 7) (04/13)**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income	Column B Spouse's Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 2,739.58	\$ 3,963.80
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.			
	a.	Gross receipts	\$	
	b.	Ordinary and necessary business expenses	\$	
	c.	Business income	Subtract Line b from Line a	
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.			
	a.	Gross receipts	\$	
	b.	Ordinary and necessary operating expenses	\$	
	c.	Rent and other real property income	Subtract Line b from Line a	
6	Interest, dividends, and royalties.		\$	\$
7	Pension and retirement income.		\$	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			
		\$	\$	
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$

B22A (Official Form 22A) (Chapter 7) (04/13)

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	a.	child support from daughter's father	\$	397.00
	b.		\$	
	Total and enter on Line 10		\$	397.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$	3,136.58
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$	7,100.38
Part III. APPLICATION OF § 707(B)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.		\$	85,204.56
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: Virginia b. Enter debtor's household size: 4		\$	90,945.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.			

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)				
16	Enter the amount from Line 12.			\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.			
	a.		\$	
	b.		\$	
	c.		\$	
	Total and enter on Line 17.			\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.			\$
Part V. CALCULATION OF DEDUCTIONS FROM INCOME				
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)				
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$

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19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left; padding: 2px;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a1.</td><td style="width: 65%; padding: 2px;">Allowance per person</td><td style="width: 30%;"></td> <td style="width: 5%; text-align: center; padding: 2px;">a2.</td><td style="width: 65%; padding: 2px;">Allowance per person</td><td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">b1.</td><td style="padding: 2px;">Number of persons</td><td></td> <td style="text-align: center; padding: 2px;">b2.</td><td style="padding: 2px;">Number of persons</td><td></td> </tr> <tr> <td style="text-align: center; padding: 2px;">c1.</td><td style="padding: 2px;">Subtotal</td><td></td> <td style="text-align: center; padding: 2px;">c2.</td><td style="padding: 2px;">Subtotal</td><td></td> </tr> </tbody> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal		\$
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>	\$																								
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a.</td><td style="width: 65%; padding: 2px;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%; padding: 2px;">\$</td></tr> <tr> <td style="text-align: center; padding: 2px;">b.</td><td style="padding: 2px;">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="padding: 2px;">\$</td></tr> <tr> <td style="text-align: center; padding: 2px;">c.</td><td style="padding: 2px;">Net mortgage/rental expense</td><td style="padding: 2px;">Subtract Line b from Line a</td></tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																								
c.	Net mortgage/rental expense	Subtract Line b from Line a																								
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$																								
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$																								

B22A (Official Form 22A) (Chapter 7) (04/13)

22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$									
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a										
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs, Second Car</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a										
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.		\$									
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$									
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		\$									
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.		\$									
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		\$									
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.		\$									

B22A (Official Form 22A) (Chapter 7) (04/13)

32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$	
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$	
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		\$	
	a.	Health Insurance		\$
	b.	Disability Insurance		\$
	c.	Health Savings Account		\$
Total and enter on Line 34		\$		
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$	
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$	
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$	
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.		\$	
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		\$	
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40		\$	

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B22A (Official Form 22A) (Chapter 7) (04/13)**Subpart C: Deductions for Debt Payment**

42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td colspan="2"></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	Total: Add lines a, b and c.					\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																										
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																										
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																										
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																										
Total: Add lines a, b and c.																														
43	<p>Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$	Total: Add lines a, b and c.				\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																											
a.			\$																											
b.			\$																											
c.			\$																											
Total: Add lines a, b and c.																														
44	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.</p>				\$																									
45	<p>Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 40%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: center;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>				a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$																
a.	Projected average monthly chapter 13 plan payment.	\$																												
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X																												
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																												
46	<p>Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.</p>				\$																									
Subpart D: Total Deductions from Income																														
47	<p>Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.</p>				\$																									

B22A (Official Form 22A) (Chapter 7) (04/13)**Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$
52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

Part VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	Total: Add Lines a, b and c	\$

Part VIII. VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>	
	Date: <u>January 30, 2014</u>	Signature: <u>/s/ Christy A McGann</u> (Debtor)
	Date: <u>January 30, 2014</u>	Signature: <u>/s/ Jeremy M McGann</u> (Joint Debtor, if any)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Western District of Virginia

IN RE:

Case No. _____

McGann, Christy A

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Christy A McGann

Date: January 30, 2014

B1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Western District of Virginia

IN RE:

Case No. _____

McGann, Jeremy M

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jeremy M McGann

Date: January 30, 2014

B6 Summary (Official Form 6 - Summary) (12/13)

**United States Bankruptcy Court
Western District of Virginia**

IN RE:

Case No. _____

McGann, Christy A & McGann, Jeremy MChapter **7**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 100,000.00		
B - Personal Property	Yes	3	\$ 16,847.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 120,801.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	18		\$ 66,762.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 6,460.53
J - Current Expenditures of Individual Debtor(s)	Yes	6			\$ 6,448.00
TOTAL		37	\$ 116,847.00	\$ 187,563.00	

**United States Bankruptcy Court
Western District of Virginia**

IN RE:

Case No. _____

McGann, Christy A & McGann, Jeremy MChapter **7**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 6,460.53
Average Expenses (from Schedule J, Line 22)	\$ 6,448.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 7,100.38

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 20,801.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 66,762.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 87,563.00

B6A (Official Form 6A) (12/07)

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Primary Residence at: 3012 Winterberry Avenue Covington, VA 24426 Two tracks tax appraised \$110,000 and \$2,100.	legal	H	100,000.00	120,801.00
TOTAL			100,000.00	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		cash husband	H	45.00
		Cash wife	W	120.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		checking/savings husband	H	30.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods husband	H	1,550.00
		Household goods wife	W	1,250.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothes husband	H	200.00
		Clothes wife	W	200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement husband 401K	H	2,627.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

B6B (Official Form 6B) (12/07) - Cont.

IN RE McGann, Christy A & McGann, Jeremy M

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		2013 tax refund co-debtor	H	1,000.00
		2013 tax refund debtor	W	4,300.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Chev Cavalear 191000 miles; NADA clean retail \$3100; NADA ave trade-in \$1125; FMV \$1125	H	1,125.00
		2010 Polaris 500	J	4,000.00
		utility trailer 2009	H	400.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

B6B (Official Form 6B) (12/07) - Cont.

IN RE McGann, Christy A & McGann, Jeremy M

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X	Timeshare, maintenance fees, all other fees and costs	H	unknown
TOTAL				16,847.00

_____ **0** continuation sheets attached

(Include amounts from any continuation sheets attached.
 Report total also on Summary of Schedules.)

B6C (Official Form 6C) (04/13)

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. *

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
cash husband	CV § 34-4	45.00	45.00
Cash wife	CV § 34-4	120.00	120.00
checking/savings husband	CV § 34-4	30.00	30.00
Household goods husband	CV § 34-26(4a)	1,550.00	1,550.00
Household goods wife	CV § 34-26(4a)	1,250.00	1,250.00
Clothes husband	CV § 34-26(4)	200.00	200.00
Clothes wife	CV § 34-26(4)	200.00	200.00
Retirement husband 401K	CV § 34-34	2,627.00	2,627.00
2013 tax refund co-debtor	CV § 34-4	1,000.00	1,000.00
2013 tax refund debtor	CV § 34-4	4,300.00	4,300.00
2000 Chev Cavalear 191000 miles; NADA clean retail \$3100; NADA ave trade-in \$1125; FMV \$1125	CV § 34-26(8)	1,125.00	1,125.00
2010 Polaris 500	CV § 34-26(8) CV § 34-4	3,999.00 1.00	4,000.00
utility trailer 2009	CV § 34-4	400.00	400.00

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1634 Bank Of America, N.a. 201 N Tryon St Charlotte, NC 28202	H	INSTALLMENT ACCOUNT OPENED 3/2008 VALUE \$				unknown	
ACCOUNT NO. Bank Of America PO Box 982236 El Paso, TX 79998-2236		Assignee or other notification for: Bank Of America, N.a. VALUE \$					
ACCOUNT NO. 2578 Chase Po Box 24696 Columbus, OH 43224	H	MORTGAGE ACCOUNT OPENED 2/2006 VALUE \$ 100,000.00				108,801.00	8,801.00
ACCOUNT NO. 2334 Chase Manhattan Mtge Po Box 24696 Columbus, OH 43224	H	MORTGAGE ACCOUNT OPENED 5/2002 VALUE \$				unknown	
Subtotal (Total of this page)						\$ 108,801.00	\$ 8,801.00
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Chase Manhattan Mortga Attn: Bankruptcy Dept 3415 Vision Dr Columbus, OH 43219-6009		Assignee or other notification for: Chase Manhattan Mtge VALUE \$					
ACCOUNT NO. 8880 Dupont Community Credi 140 Lucy Ln Waynesboro, VA 22980	H	MORTGAGE ACCOUNT OPENED 4/2005 VALUE \$				unknown	
ACCOUNT NO. Dupont Community Credit Union PO Box 1365 Waynesboro, VA 22980-0923		Assignee or other notification for: Dupont Community Credi VALUE \$					
ACCOUNT NO. 0789 Empire Acceptance Co, Inc PO Box 18245 Greensboro, NC 27419-8245	X J	goods purchased VALUE \$ 100,000.00				12,000.00	12,000.00
ACCOUNT NO. VALUE \$							
ACCOUNT NO. VALUE \$							
Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims	Subtotal (Total of this page)					\$ 12,000.00	\$ 12,000.00
	Total (Use only on last page)					\$ 120,801.00	\$ 20,801.00

(Report also on
Summary of
Schedules.)(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (04/13)

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1839 Alcoa Billing Ctr 3429 Regal Dr Alcoa, TN 37701-3265	W	med svcs				443.00
ACCOUNT NO. Alleghany Regional Hospital Patient Account Services PO Box 13620 Richmond, VA 23225	W	med svcs judgment GV12001139-00 Alleghany GDC				2,400.00
ACCOUNT NO. Alleghany GDC Civil Division Po Box 139 Covington, VA 24426		Assignee or other notification for: Alleghany Regional Hospital				
ACCOUNT NO. Cawthorn, Picard, Rowe, Deskevich &Gavin 9701 Metropolitan Ct Ste C North Chesterfield, VA 23236-3690		Assignee or other notification for: Alleghany Regional Hospital				

17 continuation sheets attached

Subtotal
(Total of this page) \$ **2,843.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Lewis Gale Hospital Alleghany 1 Alleghany Reg Hosp Ln Low Moor, VA 24457		Assignee or other notification for: Alleghany Regional Hospital				
ACCOUNT NO. 0345 Augusta Health PO Box 1000 Fishersville, VA 22939	H	med svcs 4/7/13				932.00
ACCOUNT NO. 3839 Blue Ridge Radiologists 401 Commerce Rd, Ste 413 Staunton, VA 24401	H	med svcs				22.00
ACCOUNT NO. Business Revenue Systems Inc Po Box 13077 Des Moines, IA 50310-0077		Assignee or other notification for: Blue Ridge Radiologists				
ACCOUNT NO. 5770 Cac Financial Corp 2601 Nw Expwy Oklahoma City, OK 73112	H	OPEN ACCOUNT OPENED 9/2013				52.00
ACCOUNT NO. Salem Hospitalists LLC 3 Maryland Farms Ste 250 Brentwood, TN 37027-5053		Assignee or other notification for: Cac Financial Corp				
ACCOUNT NO. unts CAC Financial Corp 2601 New Expressway, Suite 1000 East Oklahoma City, OK 73112-7236	H	collection on all accounts Salem Hospitalists LLC & Lewis Gale Physicians				97.00

Sheet no. 1 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,103.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7858 Cap One Attn: Bankruptcy Dept PO Box 30285 Salt Lake City, UT 84130-0285	H	REVOLVING ACCOUNT OPENED 11/2010				319.00
ACCOUNT NO.						
Capital 1 Bank Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285		Assignee or other notification for: Cap One				
ACCOUNT NO.						
ACCOUNT NO. 6285 Cap One Attn: Bankruptcy Dept PO Box 30285 Salt Lake City, UT 84130-0285	H	REVOLVING ACCOUNT OPENED 10/2008				2,221.00
ACCOUNT NO.						
Capital 1 Bank Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285		Assignee or other notification for: Cap One				
ACCOUNT NO.						
ACCOUNT NO. 8147 Cap One Po Box 85520 Richmond, VA 23285	W	REVOLVING ACCOUNT OPENED 3/2007				unknown
ACCOUNT NO.						
Capital 1 Bank Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285		Assignee or other notification for: Cap One				
ACCOUNT NO.						
ACCOUNT NO. 7734 Cap One Attn: Bankruptcy Dept PO Box 30285 Salt Lake City, UT 84130-0285	H	REVOLVING ACCOUNT OPENED 4/2009				6,239.00
ACCOUNT NO.						

Sheet no. 2 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **8,779.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Stoneleigh Recovery Associates, LLC PO Box 1479 Lombard, IL 60148-8479		Assignee or other notification for: Cap One				
ACCOUNT NO. 0620 Cawthorn, Picard, Rowe, Deskevich &Gavin 8310 Midlothian Turnpike Richmond, VA 23235	W	collection on med svcs				2,403.00
ACCOUNT NO. Lewis Gale Hospital Alleghany 1 Alleghany Reg Hosp Ln Low Moor, VA 24457		Assignee or other notification for: Cawthorn, Picard, Rowe, Deskevich &Gavin				
ACCOUNT NO. Focused Recovery Solutions, Inc 9701 Metropolitan Court, Ste B Richmond, VA 23236		Assignee or other notification for: Cawthorn, Picard, Rowe, Deskevich &Gavin				
ACCOUNT NO. 3801 Credit Coll/usa 16 Distributor Dr Ste 1 Morgantown, WV 26501	W	OPEN ACCOUNT OPENED 4/2012				144.00
ACCOUNT NO. Lumos Networks 342 N Court Ave Covington, VA 24426-1204		Assignee or other notification for: Credit Coll/usa				
ACCOUNT NO. 5556 Credit Collections USA 256 Greenbag Rd, Suite 1 Po Box 873 Morgantown, WV 26507-0873	H	OPEN ACCOUNT OPENED 0/				150.00

Sheet no. **3** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,697.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Credit Collections USA 16 Distributor Drive, Suite 1 Morgantown, WV 26501		Assignee or other notification for: Credit Collections USA				
ACCOUNT NO. 7082 Creditors Collection S Only By Phone Na, VA 24018	W	OPEN ACCOUNT OPENED 4/2009				153.00
ACCOUNT NO. WVVA Healthcare Alliance Po Box 457 Wht Sulphur Springs, WV 24986		Assignee or other notification for: Creditors Collection S				
ACCOUNT NO. 2192 Creditors Collection S Only By Phone Na, VA 24018	W	OPEN ACCOUNT OPENED 1/2013				274.00
ACCOUNT NO. VA Highlands Radiology 3220 Longdale Furnace Rd Clifton Forge, VA 24422-3406		Assignee or other notification for: Creditors Collection S				
ACCOUNT NO. 6134 Creditors Collection S Only By Phone Na, VA 24018	W	OPEN ACCOUNT OPENED 11/2009				27.00
ACCOUNT NO. Alleghany Ear Nose Throat Alleghany Highlands Medical Ctr Ste 103 Low Moor, VA 24457		Assignee or other notification for: Creditors Collection S				

Sheet no. 4 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **454.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8600 Creditors Collection Service PO Box 21504 Roanoke, VA 24018-0152	W	OPEN ACCOUNT OPENED 12/2012				628.00
ACCOUNT NO. WVVA Healthcare Alliance Po Box 457 Wht Sulphur Springs, WV 24986		Assignee or other notification for: Creditors Collection Service				
ACCOUNT NO. 2892 Creditors Collection Service PO Box 21504 Roanoke, VA 24018-0152	H	OPEN ACCOUNT OPENED 9/2012				unknown
ACCOUNT NO. Alleghany Ear Nose Throat Alleghany Highlands Medical Ctr Ste 103 Low Moor, VA 24457		Assignee or other notification for: Creditors Collection Service				
ACCOUNT NO. 0604 Creditors Collection Service PO Box 21504 Roanoke, VA 24018-0152	W	OPEN ACCOUNT OPENED 8/2010				51.00
ACCOUNT NO. Alleghany Anesthesia Assoc Po Box 8310 Roanoke, VA 24014		Assignee or other notification for: Creditors Collection Service				
ACCOUNT NO. 1663 Creditors Collection Service PO Box 21504 Roanoke, VA 24018-0152	W	collection on med debt				628.00

Sheet no. **5** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,307.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. WVVA Healthcare Alliance Po Box 457 Wht Sulphur Springs, WV 24986		Assignee or other notification for: Creditors Collection Service				
ACCOUNT NO. 1774 Deca Financial Service 12175 Visionary Way Fishers, IN 46038	H	OPEN ACCOUNT OPENED 6/2013				56.00
ACCOUNT NO. Shenandoah Emergency Med Speciali 78 Medical Dirve Fishersville, VA 22939		Assignee or other notification for: Deca Financial Service				
ACCOUNT NO. 9140 Dell Financial Services C/O DFS Customer Care Dept. Po Box 81577 Austin, TX 81577	H	revolving account				1,186.00
ACCOUNT NO. 3063 Dish Network Dept 0063 Palatine, IL 60055-0063	W	revolving account				30.00
ACCOUNT NO. 8872 Dupont Community Credi 140 Lucy Ln Waynesboro, VA 22980	H	INSTALLMENT ACCOUNT OPENED 11/2004; all accounts				unknown
ACCOUNT NO. Dupont Community Credit Union PO Box 1365 Waynesboro, VA 22980-0923		Assignee or other notification for: Dupont Community Credi				

Sheet no. **6** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,272.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8871 Dupont Community Credi 140 Lucy Ln Waynesboro, VA 22980	H	INSTALLMENT ACCOUNT OPENED 8/2003				unknown
ACCOUNT NO. Dupont Community Credit Union PO Box 1365 Waynesboro, VA 22980-0923		Assignee or other notification for: Dupont Community Credi				
ACCOUNT NO. 8870 Dupont Community Credi 140 Lucy Ln Waynesboro, VA 22980	H	INSTALLMENT ACCOUNT OPENED 1/2003				unknown
ACCOUNT NO. Dupont Community Credit Union PO Box 1365 Waynesboro, VA 22980-0923		Assignee or other notification for: Dupont Community Credi				
ACCOUNT NO. 8873 Dupont Community Credi 140 Lucy Ln Waynesboro, VA 22980	H	INSTALLMENT ACCOUNT OPENED 7/2005				unknown
ACCOUNT NO. Dupont Community Credit Union PO Box 1365 Waynesboro, VA 22980-0923		Assignee or other notification for: Dupont Community Credi				
ACCOUNT NO. 8537 Dupont Community CU Po Box 1365 Waynesboro, VA 22980	H	REVOLVING ACCOUNT OPENED 10/2004				unknown

Sheet no. 7 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. First National Collection Bureau, Inc 610 Waltham Way Sparks, NV 89434	W	collection on revolving account				1,711.00
ACCOUNT NO. LVNV Funding Po Box 10497 Greenville, SC 29603		Assignee or other notification for: First National Collection Bureau, Inc				
ACCOUNT NO. 0782 Focused Recovery Solut 9701 Metropolitan Ct Ste North Chesterfield, VA 23236	W	OPEN ACCOUNT OPENED 8/2013				210.00
ACCOUNT NO. Alleghany Regional Hospital Patient Account Services PO Box 13620 Richmond, VA 23225		Assignee or other notification for: Focused Recovery Solut				
ACCOUNT NO. Lewis Gale Hospital Alleghany 1 Alleghany Reg Hosp Ln Low Moor, VA 24457		Assignee or other notification for: Focused Recovery Solut				
ACCOUNT NO. 8636 Focused Recovery Solut 9701 Metropolitan Ct Ste North Chesterfield, VA 23236	W	OPEN ACCOUNT OPENED 1/2013				2,403.00
ACCOUNT NO. Alleghany Regional Hospital Patient Account Services PO Box 13620 Richmond, VA 23225		Assignee or other notification for: Focused Recovery Solut				

Sheet no. **8** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,324.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Alleghany GDC Civil Division Po Box 139 Covington, VA 24426		Assignee or other notification for: Focused Recovery Solut				
ACCOUNT NO. Lewis Gale Hospital Alleghany 1 Alleghany Reg Hosp Ln Low Moor, VA 24457		Assignee or other notification for: Focused Recovery Solut				
ACCOUNT NO. 5561 Focused Recovery Solut 9701 Metropolitan Ct Ste North Chesterfield, VA 23236	H	UNKNOWN ACCOUNT OPENED 9/2013				2,047.00
ACCOUNT NO. Lewis Gale Hospital Alleghany 1 Alleghany Reg Hosp Ln Low Moor, VA 24457		Assignee or other notification for: Focused Recovery Solut				
ACCOUNT NO. 3063 G C Services 6330 Gulfton Houston, TX 77081	W	OPEN ACCOUNT OPENED 7/2013				770.00
ACCOUNT NO. Dish Network 9601 South Meridian Blvd Englewood, CO 80112		Assignee or other notification for: G C Services				
ACCOUNT NO. 5455 GE Capital Retail Bank Attn: Bankruptcy Po Box 103106 Roswell, GA 30076	H	REVOLVING ACCOUNT OPENED 6/2011				unknown

Sheet no. **9** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,817.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Gecrb/care Credit Attn: bankruptcy PO Box 103104 Roswell, GA 30076-9104		Assignee or other notification for: GE Capital Retail Bank				
ACCOUNT NO. 5869 GE Capital Retail Bank Attn: Bankruptcy Po Box 103104 Roswell, GA 30076	H	REVOLVING ACCOUNT OPENED 4/2010				5,094.00
ACCOUNT NO. GE Capital Retail Bank Attn: Bankruptcy Po Box 103104 Roswell, GA 30076		Assignee or other notification for: GE Capital Retail Bank				
ACCOUNT NO. 5869 GECRB Po Box 103104 Roswell, GA 30076	H	installment account Grand Home Furnishings				4,474.00
ACCOUNT NO. Allied Interstate 3000 Corporate Exchange Dr, 5th Fl Columbas, OH 43231		Assignee or other notification for: GECRB				
ACCOUNT NO. 6093 Gecrb/lowes Po Box 965005 Orlando, FL 32896	H	REVOLVING ACCOUNT OPENED 2/2009				829.00
ACCOUNT NO. Gecrb/lowes Attention: Bankruptcy Department PO Box 103104 Roswell, GA 30076-9104		Assignee or other notification for: Gecrb/lowes				

Sheet no. **10** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **10,397.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. GE Capital Retail Bank Attn: Bankruptcy Po Box 103106 Roswell, GA 30076		Assignee or other notification for: Gecrb/lowes				
ACCOUNT NO. Portfolio Recovery Ass, Llc Po Box 12914 Norfolk, VA 23541		Assignee or other notification for: Gecrb/lowes				
ACCOUNT NO. 8492 Gecrb/sams Club Po Box 965005 Orlando, FL 32896	H	REVOLVING ACCOUNT OPENED 9/2009				2,342.00
ACCOUNT NO. Sams Club / Gemb Attention: Bankruptcy Department PO Box 103104 Roswell, GA 30076-9104		Assignee or other notification for: Gecrb/sams Club				
ACCOUNT NO. Firstsource Advantage LLC 205 Bryant Woods S Amherst, NY 14228-3609		Assignee or other notification for: Gecrb/sams Club				
ACCOUNT NO. 0298 Gecrb/walmart Po Box 965024 El Paso, TX 79998	H	REVOLVING ACCOUNT OPENED 5/2008				1,181.00
ACCOUNT NO. Gemb/walmart Attn: Bankruptcy PO Box 103104 Roswell, GA 30076-9104		Assignee or other notification for: Gecrb/walmart				

Sheet no. **11** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,523.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. GE Capital Retail Bank Attn: Bankruptcy Po Box 103106 Roswell, GA 30076		Assignee or other notification for: Gecrb/walmart				
ACCOUNT NO. Client Services Inc 3451 Harry S Truman Blvd St Charles, MO 63301-4047		Assignee or other notification for: Gecrb/walmart				
ACCOUNT NO. Gerald Franson 101 N Maple Ave Covington, VA 24426-1544	W	judgment GV12001139-00 Alleghany GDC				1,000.00
ACCOUNT NO. Alleghany GDC Civil Division Po Box 139 Covington, VA 24426		Assignee or other notification for: Gerald Franson				
ACCOUNT NO. 214E Kings Creek Plantation 5900 Pasteur Ct Carlsbad, CA 92008-7330	H	timeshare and maintenance fees				unknown
ACCOUNT NO. 0782 Lewis Gale Hospital Alleghany 1 Alleghany Reg Hosp Ln Low Moor, VA 24457	W	med svcs				211.00
ACCOUNT NO. 5561 Lewis Gale Hospital Alleghany 1 Alleghany Reg Hosp Ln Low Moor, VA 24457	H	med svcs 4/14/13				2,048.00

Sheet no. **12** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,259.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Focused Recovery Solutions, Inc 9701 Metropolitan Court, Ste B Richmond, VA 23236		Assignee or other notification for: Lewis Gale Hospital Alleghany				
ACCOUNT NO. 7086 Lewis Gale Physicians 3 Maryland Farms Ste 250 Brentwood, TN 37027-5053	H	med svcs 4/11-12/13				46.00
ACCOUNT NO. 1345 Lvnv Funding Llc Po Box 10497 Greenville, SC 29603	W	OPEN ACCOUNT OPENED 4/2009				1,858.00
ACCOUNT NO. GE Capital Retail Bank Attn: Bankruptcy Po Box 103104 Roswell, GA 30076		Assignee or other notification for: Lvnv Funding Llc				
ACCOUNT NO. GE Capital Retail Bank Attn: Bankruptcy Po Box 103104 Roswell, GA 30076		Assignee or other notification for: Lvnv Funding Llc				
ACCOUNT NO. Malcolm M. Doubles Weignat & Doubles, P.C. PO Box 32 Fincastle, VA 24090-0032	H	payment due				1,000.00
ACCOUNT NO. 3908 MedExpress PO Box 7959 Belfast, ME 04915-7900	J	med svcs				158.00

Sheet no. **13** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,062.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6468 Nationwide Credit, Inc PO Box 26314 Lehigh Valley, PA 18002-6314	H	collection on Direct TV account				652.00
ACCOUNT NO. 7006 Nco Fin/51 Po Box 13574 Philadelphia, PA 19101	W	OPEN ACCOUNT OPENED 8/2013				136.00
ACCOUNT NO. Medexpress Urgent Care WV 1751 Earl Core Road Morgantown, WV 26505		Assignee or other notification for: Nco Fin/51				
ACCOUNT NO. 3392 Nco Fin/51 Po Box 13574 Philadelphia, PA 19101	H	OPEN ACCOUNT OPENED 8/2013				116.00
ACCOUNT NO. Medexpress Urgent Care WV 1751 Earl Core Road Morgantown, WV 26505		Assignee or other notification for: Nco Fin/51				
ACCOUNT NO. 86nt RMS 77 Hartland St, Ste 401 Po Box 280431 East Hartford, CT 06128-0431	W	collection on debt				113.00
ACCOUNT NO. 7086 Salem Hospitalsts LLC 3 Maryland Farms Ste 250 Brentwood, TN 37027-5053	H	med svcs 4/11-12/13				97.00

Sheet no. **14** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,114.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CAC Financial Corp 2601 New Expressway, Suite 1000 East Oklahoma City, OK 73112-7236		Assignee or other notification for: Salem Hospitalsts LLC				
ACCOUNT NO. 3936 StellarOne Po Box 600 105 Arbor Dr Christiansburg, VA 24068	W	charge off revolving account				550.00
ACCOUNT NO. 6132 Thd/cbna Po Box 6497 Sioux Falls, SD 57117	H	REVOLVING ACCOUNT OPENED 2/2007				0.00
ACCOUNT NO. Citibank Usa Citicorp Credit Services/Attn:Centralize PO Box 20507 Kansas City, MO 64195-0507		Assignee or other notification for: Thd/cbna				
ACCOUNT NO. 6659 The Bureaus Inc 1717 Central St Evanston, IL 60201	H	OPEN ACCOUNT OPENED 9/2013				6,250.00
ACCOUNT NO. Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130-0285		Assignee or other notification for: The Bureaus Inc				
ACCOUNT NO. 2001 Transworld Systems Inc Collection Agency 507 Prudential Rd Horsham, PA 19044-2308	W	collection on debt				222.00

Sheet no. **15** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **7,022.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Transworld Systems Inc PO Box 264 Millboro, VA 24460-0264		Assignee or other notification for: Transworld Systems Inc				
ACCOUNT NO. BARC Electric Cooperative Po Box 264 Millboro, VA 24460-0264		Assignee or other notification for: Transworld Systems Inc				
ACCOUNT NO. 9014 United Collection Bureau, Inc 5620 Southwyck Blvd Suite 206 Toledo, OH 43614	H	collection on citybank account				1,315.00
ACCOUNT NO. 0947 VCS, Inc Po Box 83 Staunton, VA 24402	H	collection on Blue Ridge Radiologist account				22.00
ACCOUNT NO. 9140 Webbank/dfs 1 Dell Way Round Rock, TX 78682	H	REVOLVING ACCOUNT OPENED 11/2010				1,249.00
ACCOUNT NO. Dell Financial Services Dell Financial Services Attn: Bankruptcy PO Box 81577 Austin, TX 78708-1577		Assignee or other notification for: Webbank/dfs				
ACCOUNT NO. 9108 WECCU Credit Union 347 N. Court Ave Covington, VA 24426	H	INSTALLMENT ACCOUNT OPENED 6/2010				unknown

Sheet no. **16** of **17** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,586.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9473 Wfds/wds Po Box 1697 Winterville, NC 28590	X J	INSTALLMENT ACCOUNT OPENED 9/2010 sale of repossessed vehicle				8,889.00
ACCOUNT NO. Wfs Financial/wachovia Dealer Srvs PO Box 6700 Rancho Cucamonga, CA 91729-6700		Assignee or other notification for: Wfds/wds				
ACCOUNT NO. Wells Fargo National Recovery Ctr PO Box 25341 Santa Ana, CA 92799-5341		Assignee or other notification for: Wfds/wds				
ACCOUNT NO. CBHV PO Box 3495 Toledo, OH 43607-0495		Assignee or other notification for: Wfds/wds				
ACCOUNT NO. 9014 Zale/cbna Po Box 6497 Sioux Falls, SD 57117	H	REVOLVING ACCOUNT OPENED 7/2011				1,314.00
ACCOUNT NO. Zale/cbsd Attn.: Centralized Bankruptcy PO Box 20363 Kansas City, MO 64195-0363		Assignee or other notification for: Zale/cbna				
ACCOUNT NO.						

Sheet no. 17 of 17 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **10,203.00**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$ **66,762.00**

B6G (Official Form 6G) (12/07)

IN RE McGann, Christy A & McGann, Jeremy M Case No. _____
Debtor(s) (If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

IN RE **McGann, Christy A & McGann, Jeremy M**

Case No. _____

Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Jeremy M. McGann 3012 Winterberry Ave Covington, VA 24426-6305	Empire Acceptance Co, Inc PO Box 18245 Greensboro, NC 27419-8245 Wfds/wds Po Box 1697 Winterville, NC 28590

Fill in this information to identify your case:

Debtor 1 **Christy A McGann**
First Name Middle Name Last Name

Debtor 2 **Jeremy M McGann**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 61**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☒ Employed
☐ Not employed

Occupation**Stock Supervisor****Account Mgr****Employer's name****Walmart****Bottling Group****Employer's address****702 S.W. 8th St**
Number Street**1100 Reynolds Blvd**
Number Street**Bentonville, AR 72716**City State ZIP Code**Winston Salem, NC 27105-3400**City State ZIP Code**How long employed there? 15 years****8 years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$ **2,739.58**\$ **4,185.78**

3. Estimate and list monthly overtime pay.

3.

+\$ **0.00**+ \$ **0.00**

4. Calculate gross income. Add line 2 + line 3.

4.

\$ **2,739.58**\$ **4,185.78**

Debtor 1

Christy A McGann

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ <u>2,739.58</u>	\$ <u>4,185.78</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>379.96</u>	\$ <u>926.60</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>3.17</u>	\$ <u>34.67</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: <u>See Schedule Attached</u>	5h. + \$ <u>18.67</u>	+ \$ <u>188.60</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>398.63</u>	\$ <u>1,115.20</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>2,340.95</u>	\$ <u>3,070.58</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>849.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: <u>Milage Reimbursement For W</u>	8h. + \$ <u>0.00</u>	+ \$ <u>200.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>849.00</u>	\$ <u>200.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>3,189.95</u>	\$ <u>3,270.58</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <u>6,460.53</u>	
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>Husband receives approximately \$200 per month reimbursement for out-of-pocket vehicle expenses.</u>		

IN RE McGann, Christy A & McGann, Jeremy M Case No. _____
Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
Life Ins	3.17	19.50
Dental	15.50	47.67
Medical	0.00	64.57
HSA	0.00	41.69
LTD	0.00	15.17

Fill in this information to identify your case:

Debtor 1 **Christy A McGann**
First Name Middle Name Last Name

Debtor 2 **Jeremy M McGann**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☒ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

11

- ☐ No
- ☒ Yes

Son

7

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 440.00

If not included in line 4:

4a. Real estate taxes	4a. \$ 0.00
4b. Property, homeowner's, or renter's insurance	4b. \$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$ 50.00
4d. Homeowner's association or condominium dues	4d. \$ 0.00

Debtor 1

Christy A McGann

First Name

Middle Name

Last Name

Case number (if known)

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ <u>0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ <u>300.00</u>
6b.	Water, sewer, garbage collection	\$ <u>0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <u>230.00</u>
6d.	Other. Specify: <u>Direct TV& Internet</u>	\$ <u>179.00</u>
7.	Food and housekeeping supplies	\$ <u>550.00</u>
8.	Childcare and children's education costs	\$ <u>0.00</u>
9.	Clothing, laundry, and dry cleaning	\$ <u>0.00</u>
10.	Personal care products and services	\$ <u>50.00</u>
11.	Medical and dental expenses	\$ <u>150.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>550.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ <u>0.00</u>
14.	Charitable contributions and religious donations	\$ <u>0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ <u>0.00</u>
15b.	Health insurance	\$ <u>90.00</u>
15c.	Vehicle insurance	\$ <u>167.00</u>
15d.	Other insurance. Specify: _____	\$ <u>0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ <u>0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ <u>0.00</u>
17b.	Car payments for Vehicle 2	\$ <u>0.00</u>
17c.	Other. Specify: _____	\$ <u>0.00</u>
17d.	Other. Specify: _____	\$ <u>0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	\$ <u>0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	\$ <u>0.00</u>
20b.	Real estate taxes	\$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	\$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	\$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	\$ <u>0.00</u>

Debtor 1

Christy A McGann

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: **Expenses For Children (Activities, Lunch, Sports)**

21. +\$ **180.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. \$ **6,448.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ **6,460.53**

23b. Copy your monthly expenses from line 22 above.

23b. - \$ **6,448.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ **12.53**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

See Continuation Sheet

Fill in this information to identify your case:

Debtor 1 **Christy A McGann**
First Name Middle Name Last Name

Debtor 2 **Jeremy M McGann**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☒ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☒ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

11

- ☐ No
- ☒ Yes

Son

7

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,468.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Christy A McGann

First Name

Middle Name

Last Name

Case number (if known)

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ <u>230.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ <u>200.00</u>
6b.	Water, sewer, garbage collection	\$ <u>85.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <u>100.00</u>
6d.	Other. Specify: _____	\$ <u>0.00</u>
7.	Food and housekeeping supplies	\$ <u>300.00</u>
8.	Childcare and children's education costs	\$ <u>0.00</u>
9.	Clothing, laundry, and dry cleaning	\$ <u>0.00</u>
10.	Personal care products and services	\$ <u>50.00</u>
11.	Medical and dental expenses	\$ <u>0.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>460.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ <u>0.00</u>
14.	Charitable contributions and religious donations	\$ <u>0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ <u>0.00</u>
15b.	Health insurance	\$ <u>0.00</u>
15c.	Vehicle insurance	\$ <u>67.00</u>
15d.	Other insurance. Specify: _____	\$ <u>0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property	\$ <u>15.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ <u>0.00</u>
17b.	Car payments for Vehicle 2	\$ <u>0.00</u>
17c.	Other. Specify: _____	\$ <u>0.00</u>
17d.	Other. Specify: _____	\$ <u>0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	\$ <u>487.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	\$ <u>0.00</u>
20b.	Real estate taxes	\$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	\$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	\$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	\$ <u>0.00</u>

Debtor 1

Christy A McGann

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: _____

21. **+\$ 0.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. \$ _____

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ _____

23b. Copy your monthly expenses from line 22 above.

23b. - \$ _____

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ _____

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

See Continuation Sheet

IN RE McGann, Christy A & McGann, Jeremy M Case No. _____
Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 2

Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

Debtor pays secured payment for vehicle debtor uses; legal title and lien in 3rd party's name.

Health insurance of \$90 started in January 2014 out of pay

Parties in process of divorce.

IN RE McGann, Christy A & McGann, Jeremy M Case No. _____
Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 2 of 2

Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

Parties in process of divorce.

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE McGann, Christy A & McGann, Jeremy M Case No. _____
Debtor(s) (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 39 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: January 30, 2014 Signature: /s/ Christy A McGann
Christy A McGann Debtor

Date: January 30, 2014 Signature: /s/ Jeremy M McGann
Jeremy M McGann (Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B8 (Official Form 8) (12/08)

**United States Bankruptcy Court
Western District of Virginia**

IN RE:

Case No. _____

McGann, Christy A & McGann, Jeremy MChapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: Chase	Describe Property Securing Debt: Primary Residence at:
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain Retain and pay pursuant to contract (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name: Empire Acceptance Co, Inc	Describe Property Securing Debt: Primary Residence at:
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain Retain and pay pursuant to contract (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

1 continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: January 30, 2014/s/ Christy A McGann

Signature of Debtor

/s/ Jeremy M McGann

Signature of Joint Debtor

B8 (Official Form 8) (12/08)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION
(Continuation Sheet)

PART A – Continuation

Property No. 3		
Creditor's Name: Kings Creek Plantation	Describe Property Securing Debt:	
<p>Property will be (<i>check one</i>): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt</p>		

Property No.		
Creditor's Name:	Describe Property Securing Debt:	
<p>Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>		

Property No.		
Creditor's Name:	Describe Property Securing Debt:	
<p>Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>		

PART B – Continuation

Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

**United States Bankruptcy Court
Western District of Virginia**

IN RE:

Case No. _____

McGann, Christy A & McGann, Jeremy MChapter **7**

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

☐ **None** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 Wife - 2012 \$27,000, 2013 - \$31,780; 2014 YTD \$2000 Walmart
Husband - 2012 - \$47,000 , 2013 - \$42,000, YTD \$2200 Bottling Co

2. Income other than from employment or operation of business

☐ **None** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 child support \$849/mo
0.00 Husband disability 2013 \$300/wk April 8, 2013 ending July 17, 2013

3. Payments to creditors

Complete a. or b., as appropriate, and c.

☐ **None** *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Kings Creek Plantation	15 December 2013	800.00	0.00
5900 Pasteur Ct			
Carlsbad, CA 92008-7330			
maintenance fees for timeshare			

None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Columbia/Alleghany Regional Hospital Inc v Christi McGann	warrant	Alleghany GDC	Judgement

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Wells Fargo Dealer Services	Feb 2013	2010 Chev Tahoe
Po Box 6700		
Rancho Cucamonga, CA 91729		

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Don Burks P.C. 30 Crossing Lane Suite 205 Lexington, VA 24450		1,100.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: January 30, 2014 Signature /s/ Christy A McGann
of Debtor **Christy A McGann**

Date: January 30, 2014 Signature /s/ Jeremy M McGann
of Joint Debtor **Jeremy M McGann**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

ALCOA BILLING CTR
3429 REGAL DR
ALCOA TN 37701-3265

ALLEGHANY ANESTHESIA ASSOC
PO BOX 8310
ROANOKE VA 24014

ALLEGHANY EAR NOSE THROAT
ALLEGHANY HIGHLANDS MEDICAL CTR STE 103
LOW MOOR VA 24457

ALLEGHANY GDC
CIVIL DIVISION
PO BOX 139
COVINGTON VA 24426

ALLEGHANY REGIONAL HOSPITAL
PATIENT ACCOUNT SERVICES
PO BOX 13620
RICHMOND VA 23225

ALLIED INTERSTATE
3000 CORPORATE EXCHANGE DR, 5TH FL
COLUMBAS OH 43231

AUGUSTA HEALTH
PO BOX 1000
FISHERVILLE VA 22939

BANK OF AMERICA
PO BOX 982236
EL PASO TX 79998-2236

BANK OF AMERICA, N.A.
201 N TRYON ST
CHARLOTTE NC 28202

BARC ELECTRIC COOPERATIVE
PO BOX 264
MILLBORO VA 24460-0264

BLUE RIDGE RADIOLOGISTS
401 COMMERCE RD, STE 413
STAUNTON VA 24401

BUSINESS REVENYE SYSTEMS INC
PO BOX 13077
DES MOINES IA 50310-0077

CAC FINANCIAL CORP
2601 NEW EXPRESSWAY, SUITE 1000 EAST
OKLAHOMA CITY OK 73112-7236

CAC FINANCIAL CORP
2601 NW EXPWY
OKLAHOMA CITY OK 73112

CAP ONE
ATTN: BANKRUPTCY DEPT
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CAP ONE
PO BOX 85520
RICHMOND VA 23285

CAPITAL 1 BANK
ATTN: BANKRUPTCY DEPT.
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CAPITAL ONE
ATTN: BANKRUPTCY
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CAWTHORN, PICARD, ROWE, DESKEVICH &GAVIN
9701 METROPOLITAN CT STE C
NORTH CHESTERFIELD VA 23236-3690

CAWTHORN, PICARD, ROWE, DESKEVICH &GAVIN
8310 MIDLOTHIAN TURNPIKE
RICHMOND VA 23235

CBHV
PO BOX 3495
TOLEDO OH 43607-0495

CHASE
PO BOX 24696
COLUMBUS OH 43224

CHASE MANHATTAN MORTGA
ATTN: BANKRUPTCY DEPT
3415 VISION DR
COLUMBUS OH 43219-6009

CHASE MANHATTAN MTGE
PO BOX 24696
COLUMBUS OH 43224

CITIBANK USA
CITICORP CREDIT SERVICES/ATTN:CENTRALIZE
PO BOX 20507
KANSAS CITY MO 64195-0507

CLIENT SERVICES INC
3451 HARRY S TRUMAN BLVD
ST CHARLES MO 63301-4047

CREDIT COLL/USA
16 DISTRIBUTOR DR STE 1
MORGANTOWN WV 26501

CREDIT COLLECTIONS USA
256 GREENBAG RD, SUITE 1
PO BOX 873
MORGANTOWN WV 26507-0873

CREDIT COLLECTIONS USA
16 DISTRIBUTOR DRIVE, SUITE 1
MORGANTOWN WV 26501

CREDITORS COLLECTION S
ONLY BY PHONE
NA VA 24018

CREDITORS COLLECTION SERVICE
PO BOX 21504
ROANOKE VA 24018-0152

DECA FINANCIAL SERVICE
12175 VISIONARY WAY
FISHERS IN 46038

DELL FINANCIAL SERVICES
DELL FINANCIAL SERVICES ATTN: BANKRUPCTY
PO BOX 81577
AUSTIN TX 78708-1577

DELL FINANCIAL SERVICES
C/O DFS CUSTOMER CARE DEPT.
PO BOX 81577
AUSTIN TX 81577

DISH NETWORK
9601 SOUTH MERIDIAN BLVD
ENGLEWOOD CO 80112

DISH NETWORK
DEPT 0063
PALATINE IL 60055-0063

DUPONT COMMUNITY CREDI
140 LUCY LN
WAYNESBORO VA 22980

DUPONT COMMUNITY CREDIT UNION
PO BOX 1365
WAYNESBORO VA 22980-0923

DUPONT COMMUNITY CU
PO BOX 1365
WAYNESBORO VA 22980

EMPIRE ACCEPTANCE CO, INC
PO BOX 18245
GREENSBORO NC 27419-8245

FIRST NATIONAL COLLECTION BUREAU, INC
610 WALTHAM WAY
SPARKS NV 89434

FIRSTSOURCE ADVANTAGE LLC
205 BRYANT WOODS S
AMHERST NY 14228-3609

FOCUSED RECOVERY SOLUT
9701 METROPOLITAN CT STE
NORTH CHESTERFIELD VA 23236

FOCUSED RECOVERY SOLUTIONS, INC
9701 METROPOLITAN COURT, STE B
RICHMOND VA 23236

G C SERVICES
6330 GULFTON
HOUSTON TX 77081

GE CAPITAL RETAIL BANK
ATTN: BANKRUPTCY
PO BOX 103106
ROSWELL GA 30076

GE CAPITAL RETAIL BANK
ATTN: BANKRUPTCY
PO BOX 103104
ROSWELL GA 30076

GECRB
PO BOX 103104
ROSWELL GA 30076

GECRB/CARE CREDIT
ATTN: BANKRUPTCY
PO BOX 103104
ROSWELL GA 30076-9104

GECRB/LOWES
ATTENTION: BANKRUPTCY DEPARTMENT
PO BOX 103104
ROSWELL GA 30076-9104

GECRB/LOWES
PO BOX 965005
ORLANDO FL 32896

GECRB/SAMS CLUB
PO BOX 965005
ORLANDO FL 32896

GECRB/WALMART
PO BOX 965024
EL PASO TX 79998

GEMB/WALMART
ATTN: BANKRUPTCY
PO BOX 103104
ROSWELL GA 30076-9104

GERALD FRANSON
101 N MAPLE AVE
COVINGTON VA 24426-1544

KINGS CREEK PLANTATION
5900 PASTEUR CT
CARLSBAD CA 92008-7330

LEWIS GALE HOSPITAL ALLEGHANY
1 ALLEGHANY REG HOSP LN
LOW MOOR VA 24457

LEWIS GALE PHYSICIANS
3 MARYLAND FARMS STE 250
BRENTWOOD TN 37027-5053

LUMOS NETWORKS
342 N COURT AVE
COVINGTON VA 24426-1204

LVNV FUNDING
PO BOX 10497
GREENVILLE SC 29603

LVNV FUNDING LLC
PO BOX 10497
GREENVILLE SC 29603

MALCOLM M. DOUBLES
WEIGNAT & DOUBLES, P.C.
PO BOX 32
FINCASTLE VA 24090-0032

MEDEXPRESS
PO BOX 7959
BELFAST ME 04915-7900

MEDEXPRESS URGENT CARE WV
1751 EARL CORE ROAD
MORGANTOWN WV 26505

NATIONWIDE CREDIT, INC
PO BOX 26314
LEHIGH VALLEY PA 18002-6314

NCO FIN/51
PO BOX 13574
PHILADELPHIA PA 19101

PORTFOLIO RECOVERY ASS, LLC
PO BOX 12914
NORFOLK VA 23541

RMS
77 HARTLAND ST, STE 401
PO BOX 280431
EAST HARTFORD CT 06128-0431

SALEM HOSPITALSTS LLC
3 MARYLAND FARMS STE 250
BRENTWOOD TN 37027-5053

SAMS CLUB / GEMB
ATTENTION: BANKRUPTCY DEPARTMENT
PO BOX 103104
ROSWELL GA 30076-9104

SHENANDOAH EMERGENCY MED SPECIALI
78 MEDICAL DIRVE
FISHERSVILLE VA 22939

STELLARONE
PO BOX 600
105 ARBOR DR
CHRISTIANSBURG VA 24068

STONELEIGH RECOVERY ASSOCIATES, LLC
PO BOX 1479
LOMBARD IL 60148-8479

THD/CBNA
PO BOX 6497
SIOUX FALLS SD 57117

THE BUREAUS INC
1717 CENTRAL ST
EVANSTON IL 60201

TRANSWORLD SYSTEMS INC
COLLECTION AGENCY
507 PRUDENTIAL RD
HORSHAM PA 19044-2308

TRANSWORLD SYSTEMS INC
PO BOX 264
MILLBORO VA 24460-0264

UNITED COLLECTION BUREAU, INC
5620 SOUTHWYCK BLVD SUITE 206
TOLEDO OH 43614

VA HIGHLANDS RADIOLOGY
3220 LONGDALE FURNACE RD
CLIFTON FORGE VA 24422-3406

VCS, INC
PO BOX 83
STAUNTON VA 24402

WEBBANK/DFS
1 DELL WAY
ROUND ROCK TX 78682

WECCU CREDIT UNION
347 N. COURT AVE
COVINGTON VA 24426

WELLS FARGO NATIONAL RECOVERY CTR
PO BOX 25341
SANTA ANA CA 92799-5341

WFDS/WDS
PO BOX 1697
WINTERVILLE NC 28590

WFS FINANCIAL/WACHOVIA DEALER SRVS
PO BOX 6700
RANCHO CUCAMONGA CA 91729-6700

WVVA HEALTHCARE ALLIANCE
PO BOX 457
WHT SULPHUR SPRINGS WV 24986

ZALE/CBNA
PO BOX 6497
SIOUX FALLS SD 57117

ZALE/CBSD
ATTN.: CENTRALIZED BANKRUPTCY
PO BOX 20363
KANSAS CITY MO 64195-0363

United States Bankruptcy Court
Western District of Virginia

IN RE:

Case No. _____

McGann, Christy A & McGann, Jeremy M

Chapter **7**

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: January 30, 2014 Signature: /s/ Christy A McGann
Christy A McGann Debtor

Date: January 30, 2014 Signature: /s/ Jeremy M McGann
Jeremy M McGann Joint Debtor, if any

United States Bankruptcy Court
Western District of Virginia

IN RE:

Case No. _____

McGann, Christy A & McGann, Jeremy M

Chapter **7**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **1,100.00**

Prior to the filing of this statement I have received \$ **1,100.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Representation of the debtor in adversary proceedings and other contested matters

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 30, 2014

Date

/s/ Donald M. Burks

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